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FAX TRANSMISSION**DATE:** June 21, 2007**PTO IDENTIFIER:** Application Number 10/797,192
Patent Number**Inventor:** Kao-Cheng HSIEH**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP

Joe McKinney Muncy

PHONE: (703) 205-8026**Attorney Dkt. #:** 2519-0294PUS1**PAGES (Including Cover Sheet):** 7**CONTENTS:** Amendment (4 pages)
Amendment Transmittal (1 page)
Certificate of Transmission (1 page)

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BIRCH, STEWART, KOLASCH & BIRCH, LLP
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PTO/SB/97 (09-04)

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Application No. (if known): 10/797,192

Attorney Docket No.: 2518-0294PUS1

Certificate of Transmission under 37 CFR 1.8

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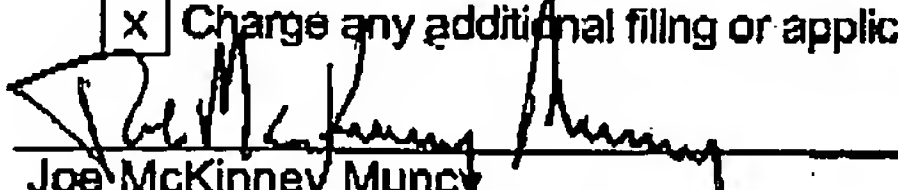
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Amendment (4 pages)

Amendment Transmittal (1 page)

JUN 21 2007

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 2519-0294PUS1																																																		
Application No. 10/797,192		Filing Date March 11, 2004		Examiner K. M. Nguyen																																																		
Art Unit 2629																																																						
Applicant(s): Kao-Cheng HSIEH																																																						
Invention: WIRELESS HUMAN INPUT DEVICE																																																						
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amendment</th> <th style="text-align: center;">Highest Number Previously Paid</th> <th style="text-align: center;">Number Extra Claims Present</th> <th style="text-align: center;">Rate</th> <th colspan="2"></th> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td colspan="2" style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td colspan="2" style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td colspan="2" style="text-align: center;">0.00</td> </tr> </table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p style="text-align: right;">Dated: <u>June 21, 2007</u></p> <p> Joe McKinney Muncy Attorney Reg. No.: 32,334</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8026</p>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	5	- 20 =	0	x 50.00	0.00		Independent Claims	1	- 3 =	0	x 200.00	0.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00	
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Docket No.: 2519-0294PUS1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Kao-Cheng HSIEH

Application No.: 10/797,192

Confirmation No.: 4738

Filed: March 11, 2004

Art Unit: 2629

For: WIRELESS HUMAN INPUT DEVICE

Examiner: K. M. Nguyen

RESPONSE TO FINAL ACTION UNDER 37 C.F.R. 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

This paper is in response to the Official Action mailed March 22, 2007. Applicants respectfully submit the following comments in connection with the above-named application.

Birch, Stewart, Kolasch & Birch, LLP

KM/jg